



Perinatal Mental Health and Substance Use Disorders: Their Impact and What We Can Do About It

Objective 1: To provide an overview of epidemiology related to perinatal mental health conditions, and effects on maternal and infant health, and maternal mortality

1 in 5

women around the world will suffer from a maternal mental health complication



#MaternalMHMatters



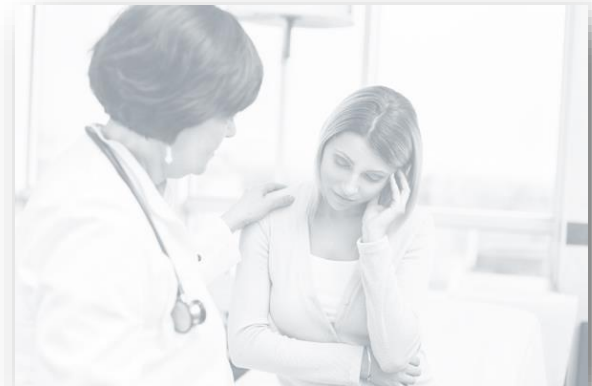
Objective 2: To describe current professional recommendations, policies, and expectations, regarding integration of obstetric and behavioral health care

1 in 5

women around the world will suffer from a maternal mental health complication



#MaternalMHMatters



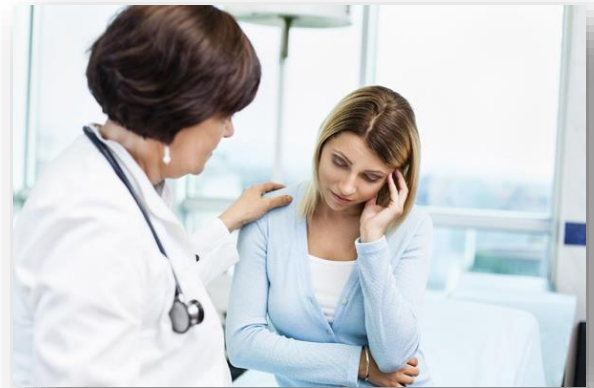
Objective 3: Outline approaches to sealing gaps in care by building front line provider capacity to address perinatal mental health, substance use disorders and intimate partner violence

1 in 5

women around the world will suffer from a maternal mental health complication



#MaternalMHMatters



Speakers



**Tiffany Moore
Simas, MD,
MPH,
MEd**

**Ob/Gyn
UMass Medical
School**



**Heather
Straub, MD**

**MFM
University of
Colorado**



**Katherine
Callaghan,
MD**

**Ob/Gyn
UMass
Medical
School**



**Donna
Stewart, MD,
FACLP**

**Psychiatry
University of
Toronto**



**Nancy Byatt,
DO, MS, MBA,
FACLP**

**UMass
Medical
School**



Maternal Mortality: Obstetric Providers need to address Mental Health

Tiffany A. Moore Simas, MD, MPH, MEd, FACOG

Engagement Director, MCPAP for Moms

Medical Director, Lifeline4Moms

Vice Chair and Research Division Director, Dept. of Obstetrics & Gynecology

University of Massachusetts Medical School/UMass Memorial Health Care

Disclosure: Tiffany Moore Simas, MD, MPH, MEd

	Employer	Grant Funding	Consultant	Committee	Travel Support	Ad Board or Honorarium
UMMS/UMMHC	X					
MCPAP for Moms			X			
Lifeline4Moms		X				
NIH		X				
CDC		X				
Perigee Fund		X				
ACOG				X	X	
Council on Pt Safety				X		
Sage Therapeutics			X		X	X
Ovia Health			X			
Miller Medical					X	X
McGraw Hill						X
Premier					X	

Mental Health Conditions (PMAD & SUD) are the most common complications of pregnancy

1 in 5

women around the world will suffer from a maternal mental health complication



#MaternalMHMatters

Substance Use Disorder in pregnancy often co-occur with mental health conditions and are common.

- 5% illicit substances*
- 10% drink alcohol*
- 15% use tobacco*

More common than:

- Cystic fibrosis
- GDM
- Preeclampsia



* SAMHSA (2013) – self-reported, civilian, non-incarcerated

Maternal mental health affects mom, child, and family

Preterm delivery
Low birth weight
NICU admissions

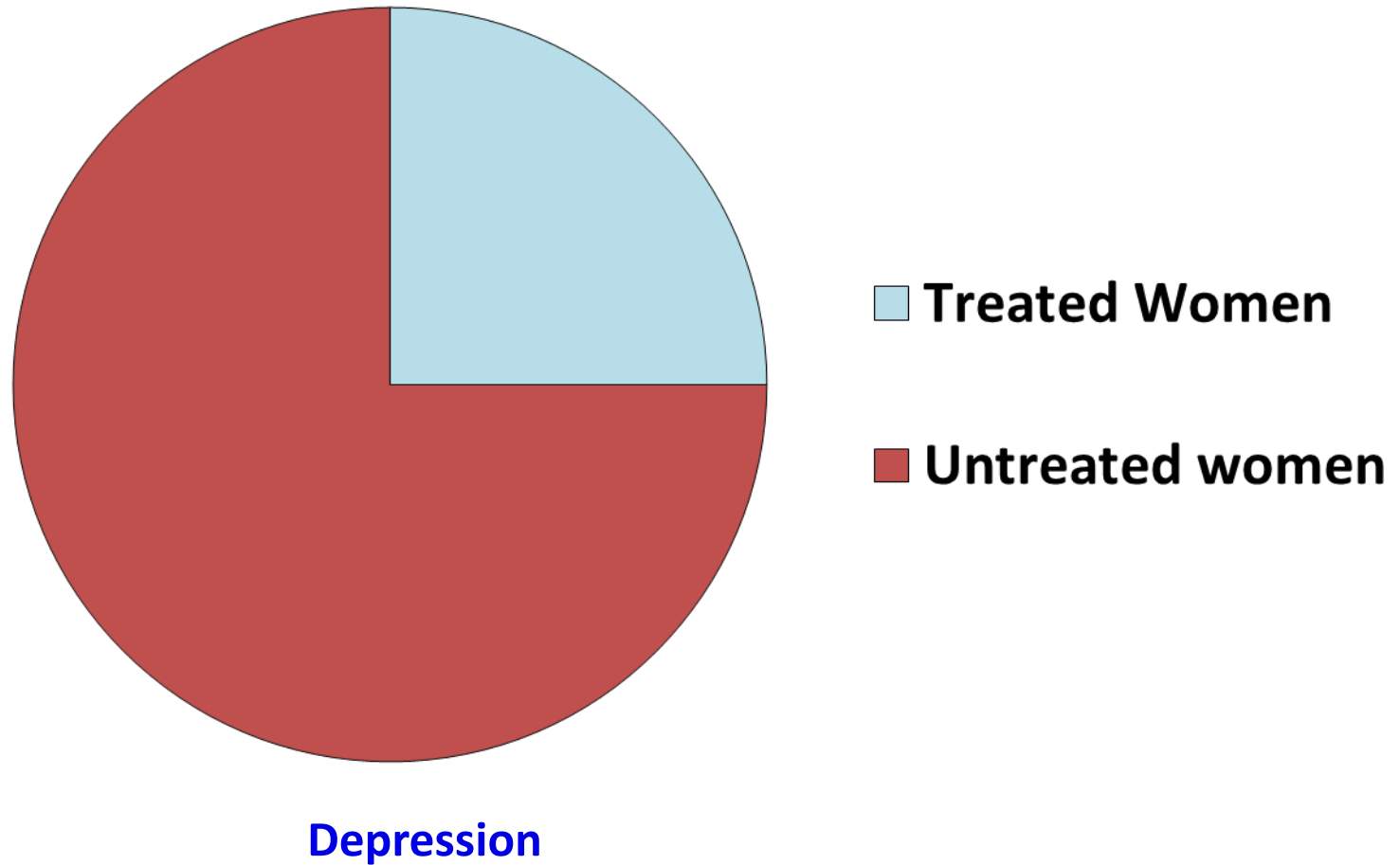
Cognitive delays
Motor & Growth issues
Behavioral problems
Mental health disorders



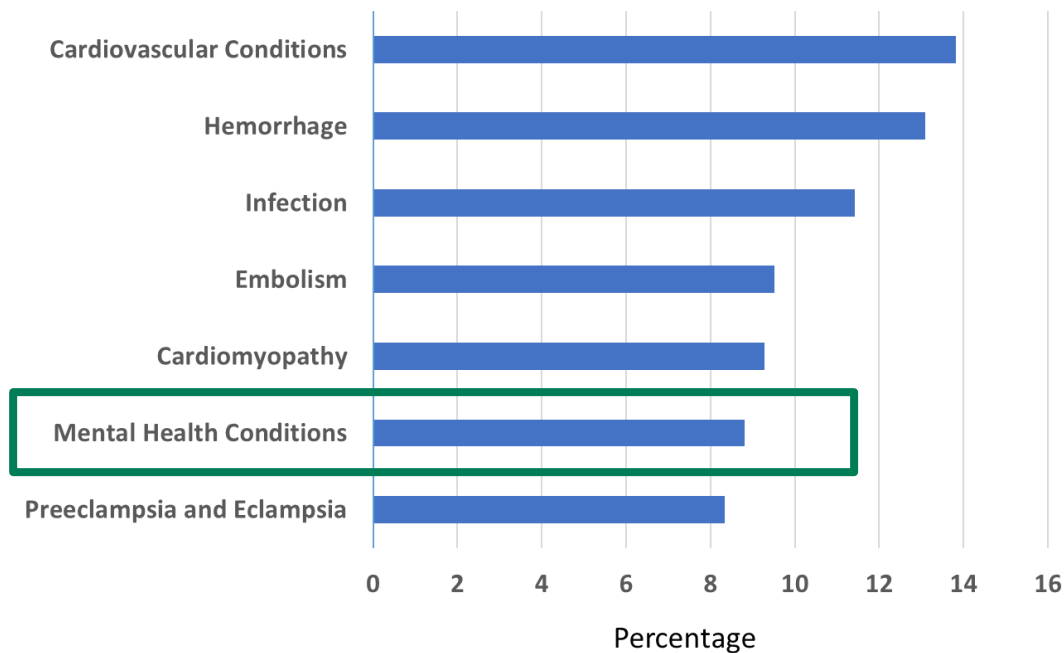
Less engagement in medical care
Smoking & substance use

Lactation challenges
Bonding issues
Adverse partner relationships

The vast majority of perinatal mental health conditions are unrecognized and untreated



Mental Health Conditions are a Leading Underlying Cause of Pregnancy-Related Deaths



Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019

Mental Health Conditions:

Any deaths where the MMRC identified mental health conditions, depression, or other psychiatric conditions as an underlying cause of death; including suicide (69%), and unintentional overdose (19%) or injury of unknown intent where substance use disorder or mental health conditions were documented (22%).

Most deaths occurred during the postpartum period

19%

of deaths
occurred **during
pregnancy**

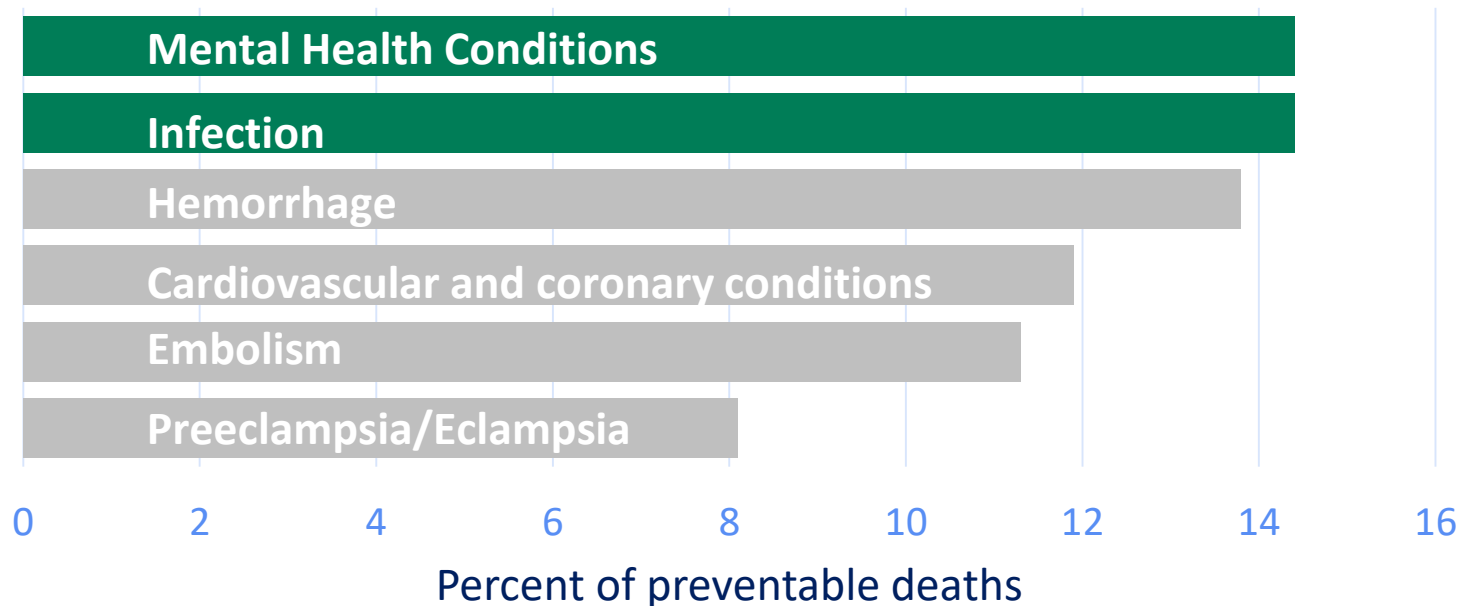
14%

of deaths occurred
**within 42 days of
end of pregnancy**

68%

of deaths occurred
43-365 days postpartum

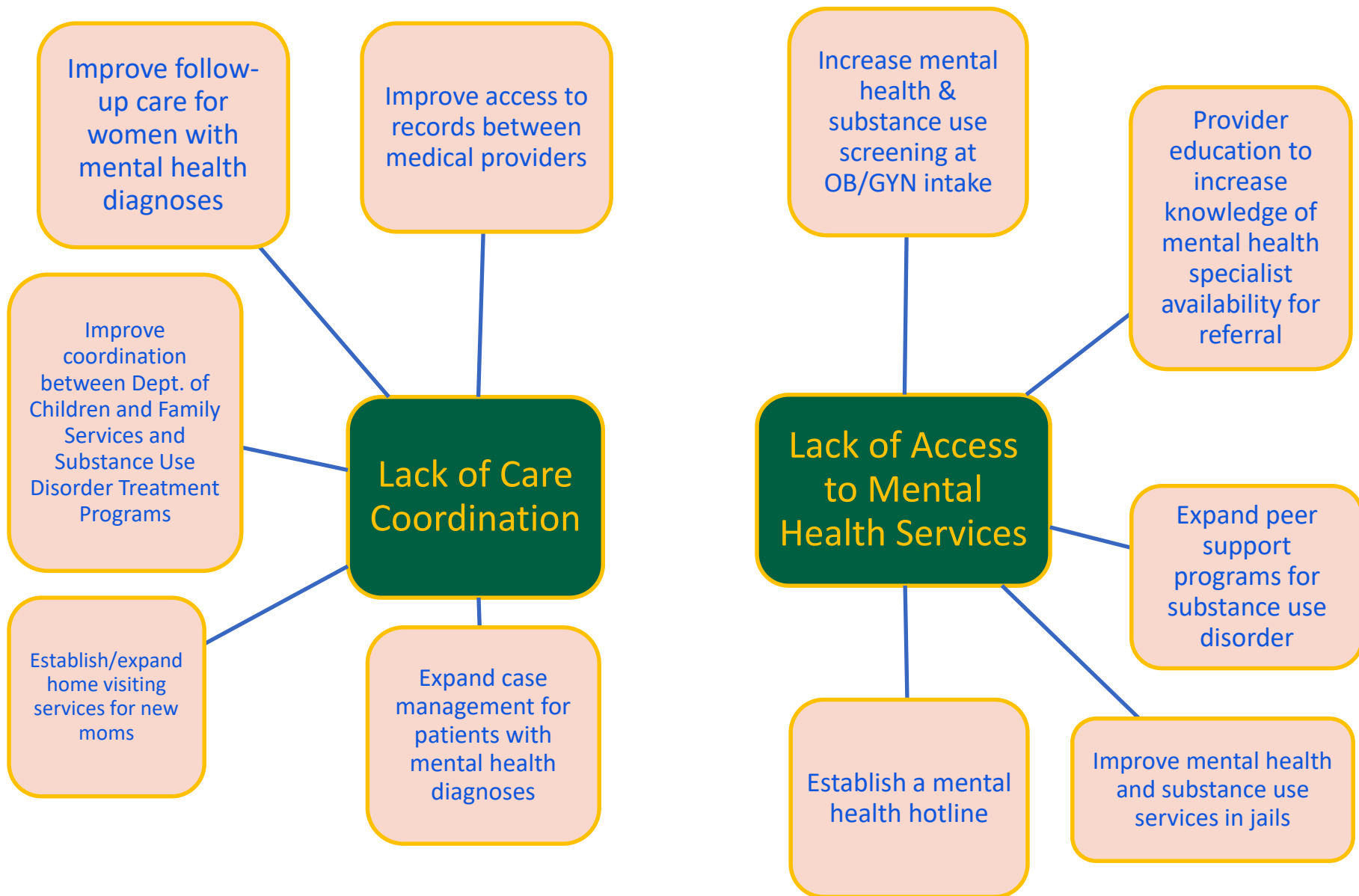
Mental health conditions and infection were the leading causes among preventable deaths



100%

of pregnancy-related mental
health deaths were
determined to be
preventable

Contributors & recommendations: themes



The health care system needs to change to address perinatal mental health & substance use disorders





Women need to be screened for Perinatal Mood and Anxiety Disorders (PMADs)

2015, 2018



Depression & Anxiety

At least once during the perinatal period

2016



Depression

At least once during pregnancy and again pp

2016-2017



Depression & Anxiety (Bipolar disorder)

Twice in pregnancy and again pp

Women need to be screened for Substance Use Disorders in Pregnancy

2017



- Comprehensive part of prenatal Care
 - 1st prenatal Visit
- Universal
 - Diverse population
- Validated tool
 - Self-report underestimates frequency and severity
 - Testing with risks of false positives (esp immunoassays)
- Partnership with pregnant woman





American Association of Nurse Anesthetists



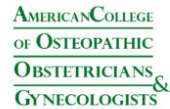
American Board of Obstetrics and Gynecology



American College of Nurse Midwives



American Academy of Family Physicians



American College of Obstetricians and
Gynecologists



American College of Obstetricians and Gynecologists



American Society of Anesthesiologists



American Society for Reproductive Medicine



American Urogynecologic Society



Association of Women's Health Obstetric and
Neonatal Nurses



National Association of Nurse Practitioners in
Women's Health



Patient Advocate



Patient Advocate

Miranda Klassen



Preeclampsia Foundation



Society for Academic Specialists in General Obstetrics
and Gynecology



Society of Gynecologic Oncology



Society of Gynecologic Surgeons



Society for Maternal Fetal Medicine



Society for Obstetric Anesthesia and Perinatology



Society of OB/GYN Hospitalists



Society for Reproductive Endocrinology and Fertility

2016

PATIENT
SAFETY
BUNDLE

Maternal Mental Health



READINESS

Every Clinical Care Setting



RECOGNITION & PREVENTION

Every Woman



RESPONSE

Every Case



REPORTING/SYSTEMS LEARNING

Every Clinical Care Setting



2017

PATIENT
SAFETY
BUNDLE

Obstetric Care for Women
with Opioid Use Disorder

The perinatal period is ideal for the detection, assessment and treatment of PMAD & SUD

Regular opportunities to screen and engage women in treatment

Obstetric providers have a pivotal role

- Patient acceptability**
- Decrease stigma**
- 80 PCP:20 Psych**



Many obstetric providers are inadequately prepared and resourced to address PMAD & SUD

Not always part of professional identity

Lack of guidance

Lack of training

Lack of resources and referrals

Inadequate psychiatric referral network



It is difficult for pregnant and postpartum women to access treatment



We need multi-level interventions that address patient, provider systems and barriers





National Initiatives for Building Front-line Provider Capacity to Address Perinatal Mental Health and Substance Use Disorders

Nancy Byatt, DO, MS, MBA, FACLP

Medical Director, MCPAP for Moms

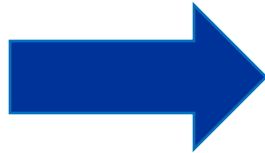
Executive Director, Lifeline4Moms

Director, Division of Women's Mental Health in the Dept. of Psychiatry
University of Massachusetts Medical School/UMass Memorial Health Care

Disclosure: Nancy Byatt, DO, MS, MBA

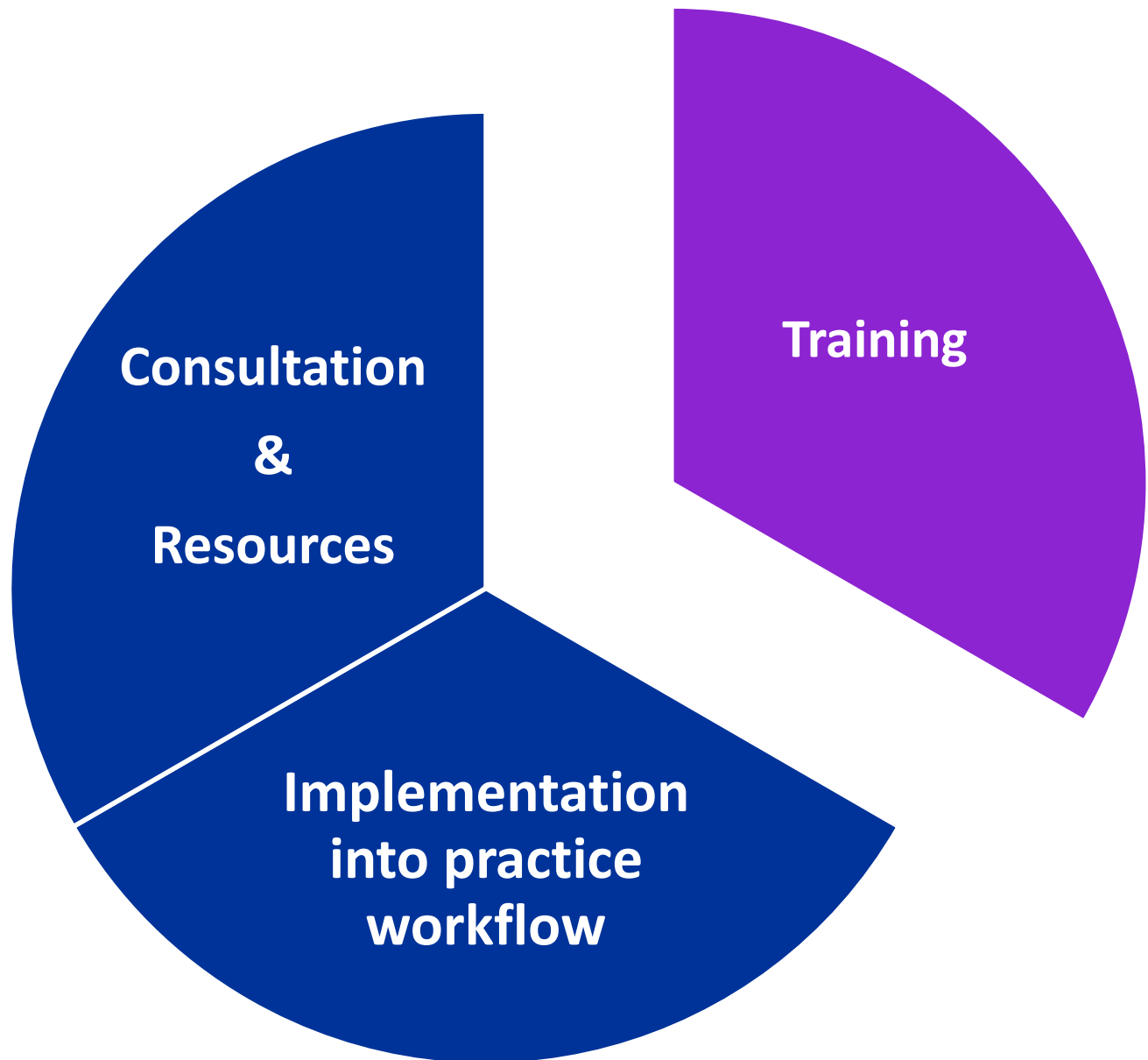
	Employment	Management	Independent Contractor	Consulting	Speaking and Teaching	Board, Panel or Committee Membership
Miller Medical Communications					D	
Mathmatica						D
Ovia Health			D	D		
Sage Therapeutics				D	D	D
UMass Memorial Medical Center/UMass Medical School	D	D				
WebMD					D	

Building front line provider capacity to provide mental health care can provide a solution



How can you or you state or health system help address this and what resources are available?





Education occurs through trainings, toolkits, and website resources



Massachusetts Child Psychiatry Access Program
Contact number for providers:
855-Mom-MCPAP (855-666-6272)

Promoting Maternal Mental Health During and After Pregnancy

[About MCPAP for Moms](#) |
 [How We Help Providers](#) |
 [Toolkits and Resources](#) |
 [Our Team](#) |
 [For Mothers and Families](#)



Click Below For Video



MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.



One in Seven

One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

Provider Resources


-  **Trainings and toolkits** for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.
-  **Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians, pediatricians, adult primary care physicians, and psychiatrists.
-  **Linkages with community-based resources** including mental health care, support groups and other resources to support the wellness and mental health of pregnant and postpartum women.

In the News »

FOR PROVIDERS ONLY
[Enroll in MCPAP for Moms](#)



Improving access to and engagement of pregnant and postpartum women in mental health and substance use treatment leads to improved outcomes for mothers and their babies.



Antidepressant Treatment Algorithm
(use in conjunction with Depression Screening Algorithm for Obstetric Providers)

```

graph TD
    Q1[Is patient currently taking an antidepressant?] -- Yes --> B1[If medication has helped and patient is on a low dose: increase dose of current medication (see table below)]
    Q1 -- No --> Q2[Does patient have a history of taking an antidepressant that has helped?]
    Q2 -- Yes --> B2[Prescribe antidepressant that helped patient in the past (see table below)]
    Q2 -- No --> B3[Use sertraline, fluoxetine or citalopram (see table below)]
    B1 --> R[Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment]
    B2 --> R
    B3 --> R
    
```

To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.

First line treatment (SSRIs)			
*sertraline (Zoloft) 50-200 mg Increase in 50 mg increments	fluoxetine (Prozac) 20-60 mg Increase in 10 mg increments	citalopram (Celexa) 20-40 mg Increase in 10 mg increments	escitalopram (Lexapro) 10-20mg Increase in 10 mg increments

Second line treatment			
SSRIs	SNRIs	Other	If a first or second line medicine is currently helping, continue it Strongly consider using first or second line medicine that has worked in past
*paroxetine (Paxil) 20-60mg Increase in 10 mg increments	venlafaxine (Effexor) 75-300mg Increase in 75 mg increments	bupropion (Wellbutrin) 300-450mg Increase in 75 mg increments	
*fluvoxamine (Luvox) 50-200mg Increase in 50 mg increments	duloxetine (Cymbalta) 30-60mg Increase in 20 mg increments	mirtazapine (Remeron) 15-45mg Increase in 15 mg increments	

*Considered a safer alternative in lactation because they have the lowest degree of transplacental passage and fewest reported adverse effects compared to other antidepressants. In general, if an antidepressant has helped it is best to continue it during lactation.

Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment

If no/minimal clinical improvements after 4-8 weeks

- If patient has no or minimal side effects, increase dose.
- If patient has side effects, switch to a different med.

If you have any questions or need consultation, contact MCPAP for Moms at 855-Mom-MCPAP (855-666-6272)

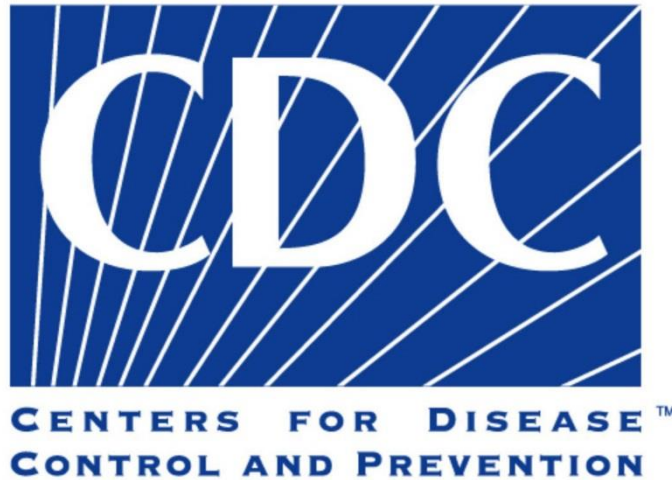
If clinical improvement and no/minimal side effects

Reevaluate every month and at postpartum visit. Refer back to patient's provider and/or clinical support staff for psychiatric care once OB care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and other non-medication treatments.

CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

MCPAP for Moms: Promoting maternal mental health during and after pregnancy
 Revision 04.28.14
 Copyright © MCPAP for Moms 2014 all rights reserved. Authors: Byatt N., Biebel K., Hosein S., Lundquist R., Freeman M., & Cohen L.

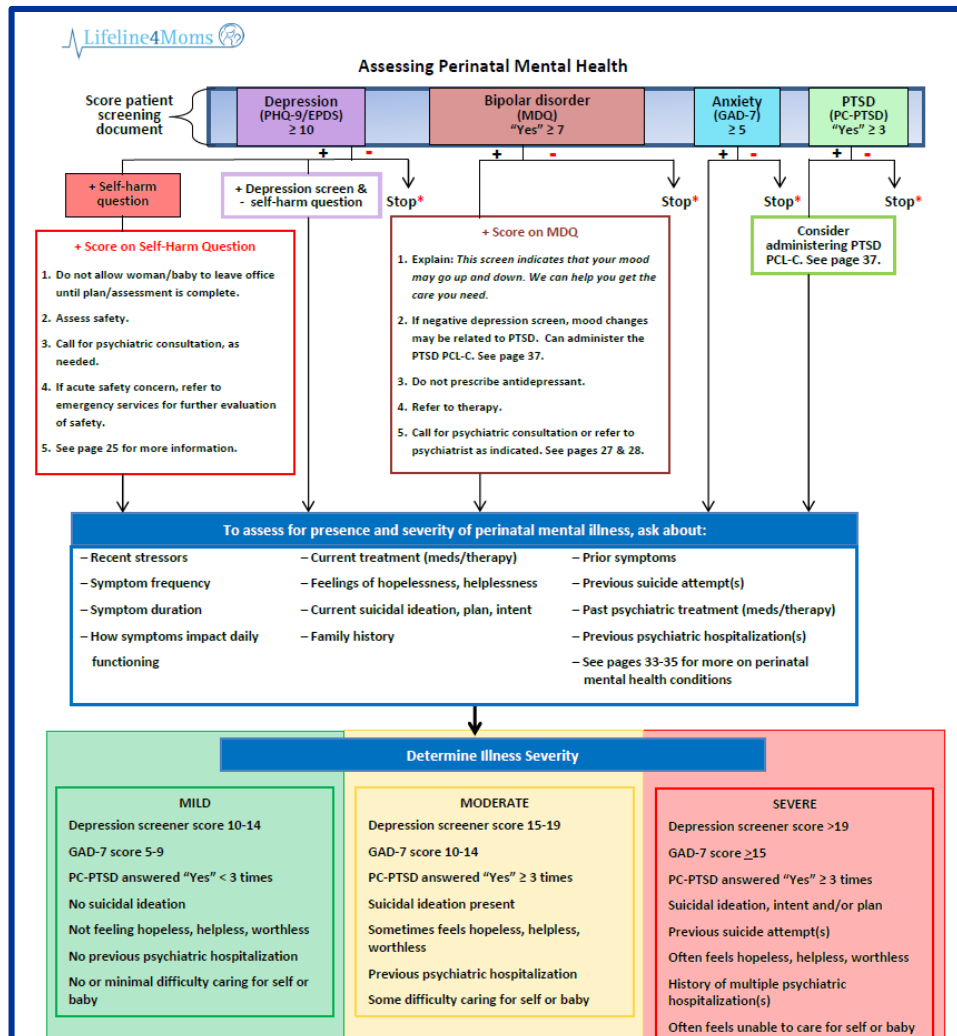
www.mcpapformoms.org
 Tel: 855-Mom-MCPAP (855-666-6272)



Perinatal Mental Health Toolkit

Toolkit for addressing perinatal mental health conditions

www.lifeline4moms.org



Massachusetts Child Psychiatry Access Program



For Moms

Contact number for

providers:

855-Mom-MCPAP (855-

666-6272)

Google Custom Search



Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms

How We Help Providers

Toolkits and Resources

Our Team

For Mothers and Families



[MCPAP for Moms Toolkit -](#)

[Adult Provider »](#)

[MCPAP for Moms Toolkit -](#)

[Pediatric Provider »](#)

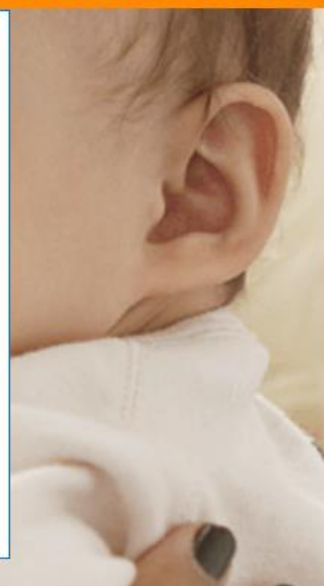
[Substance Use Resources for Providers »](#)

[PowerPoint Presentations »](#)

[Print Materials »](#)

[Emergency Services Programs »](#)

[Other Resources for Providers »](#)



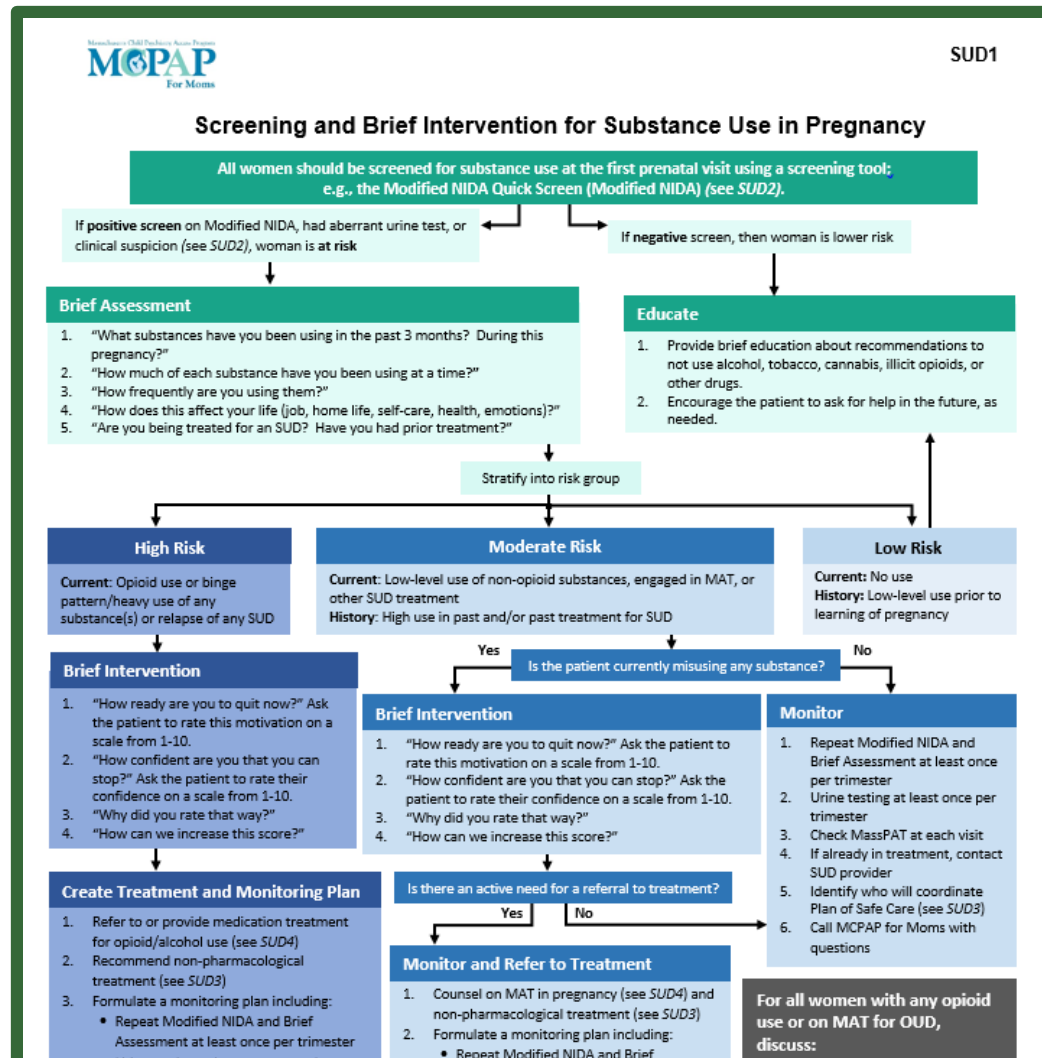
Click Below For Video

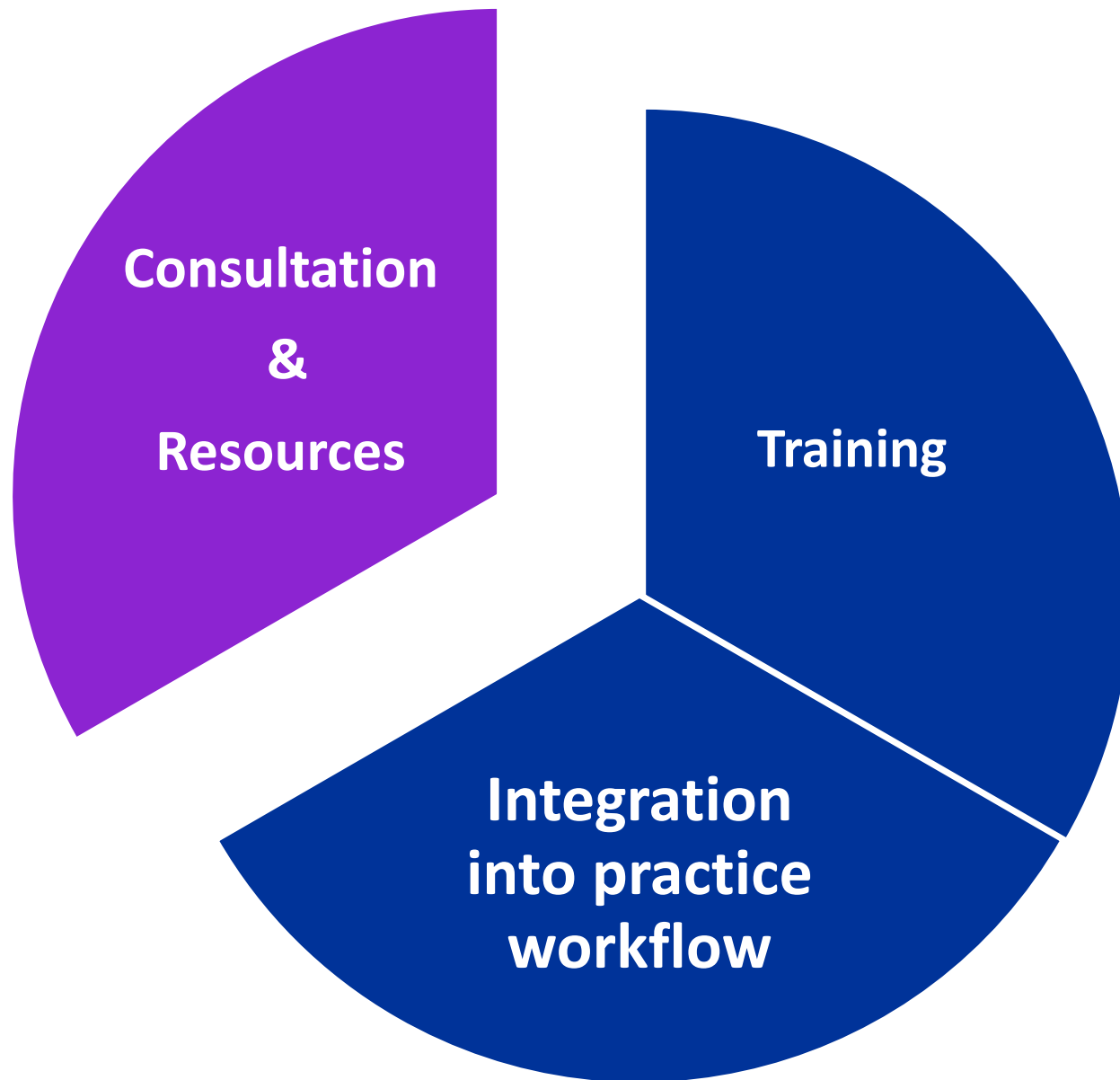


MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

Toolkit for addressing substance use disorders in pregnancy and postpartum

www.mcpapformoms.org

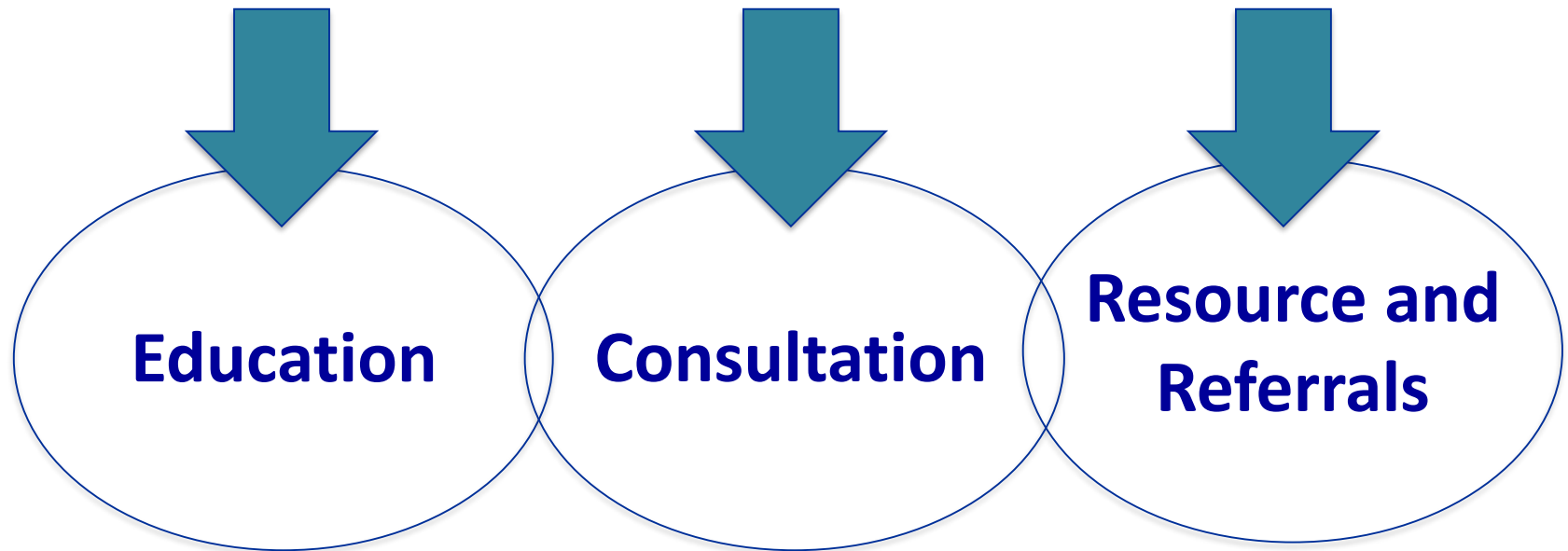




Massachusetts Child Psychiatry Access Project



For Moms

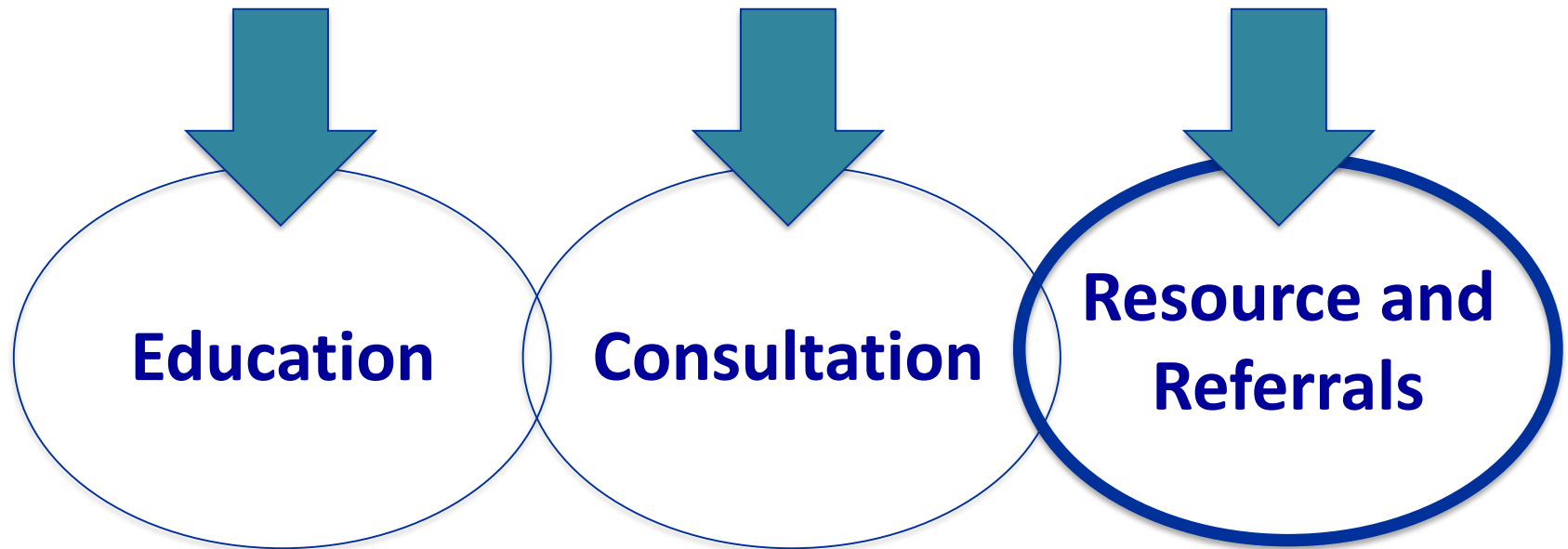


The goal of MCPAP for Moms is to increase the capacity of frontline providers to address perinatal depression

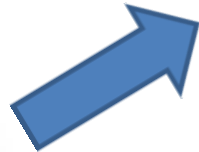
Massachusetts Child Psychiatry Access Project



For Moms



The goal of MCPAP for Moms is to increase the capacity of frontline providers to address perinatal depression



**Discuss potential
management
strategies**

**Recommend a Face
to Face Evaluation**

**Refer to the
community**



We serve all providers for pregnant and postpartum women



**Obstetric
providers/
Midwives**

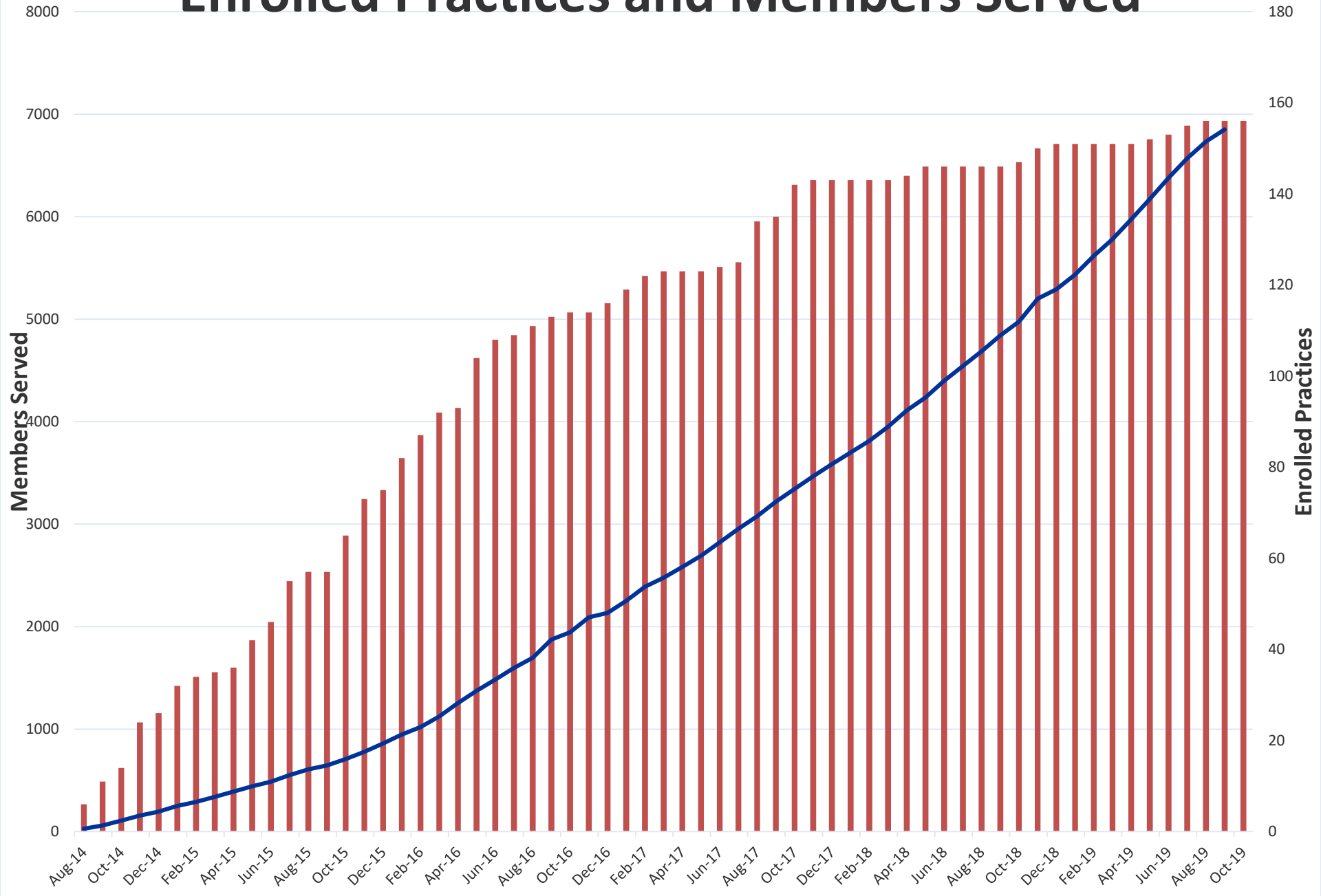
**Family
Medicine/
Primary Care
providers**

**SUD
providers**

**Psychiatric
providers**

**Pediatric
providers
5%**

Enrolled Practices and Members Served





2013-2014
Depression



2016
Depression
Anxiety



2017
Bipolar
Disorder



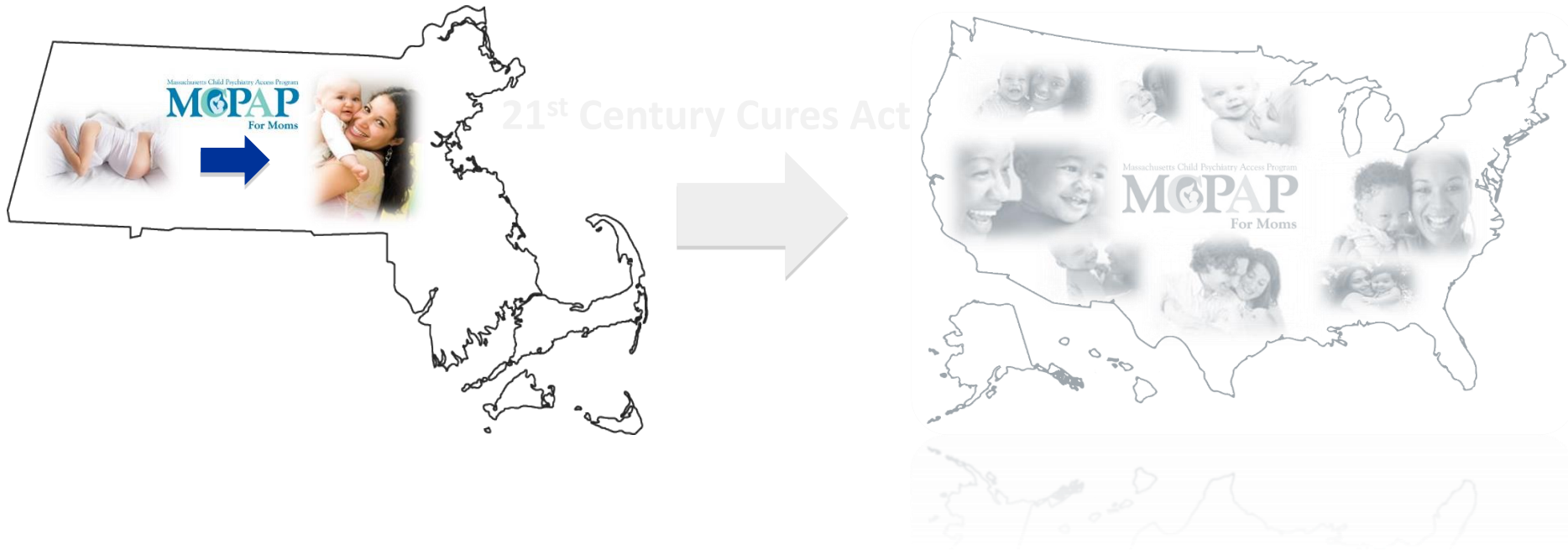
2018
Substance
Use
Disorders



2019
Inequities,
disparities,
TIC, ACEs,
SDoH

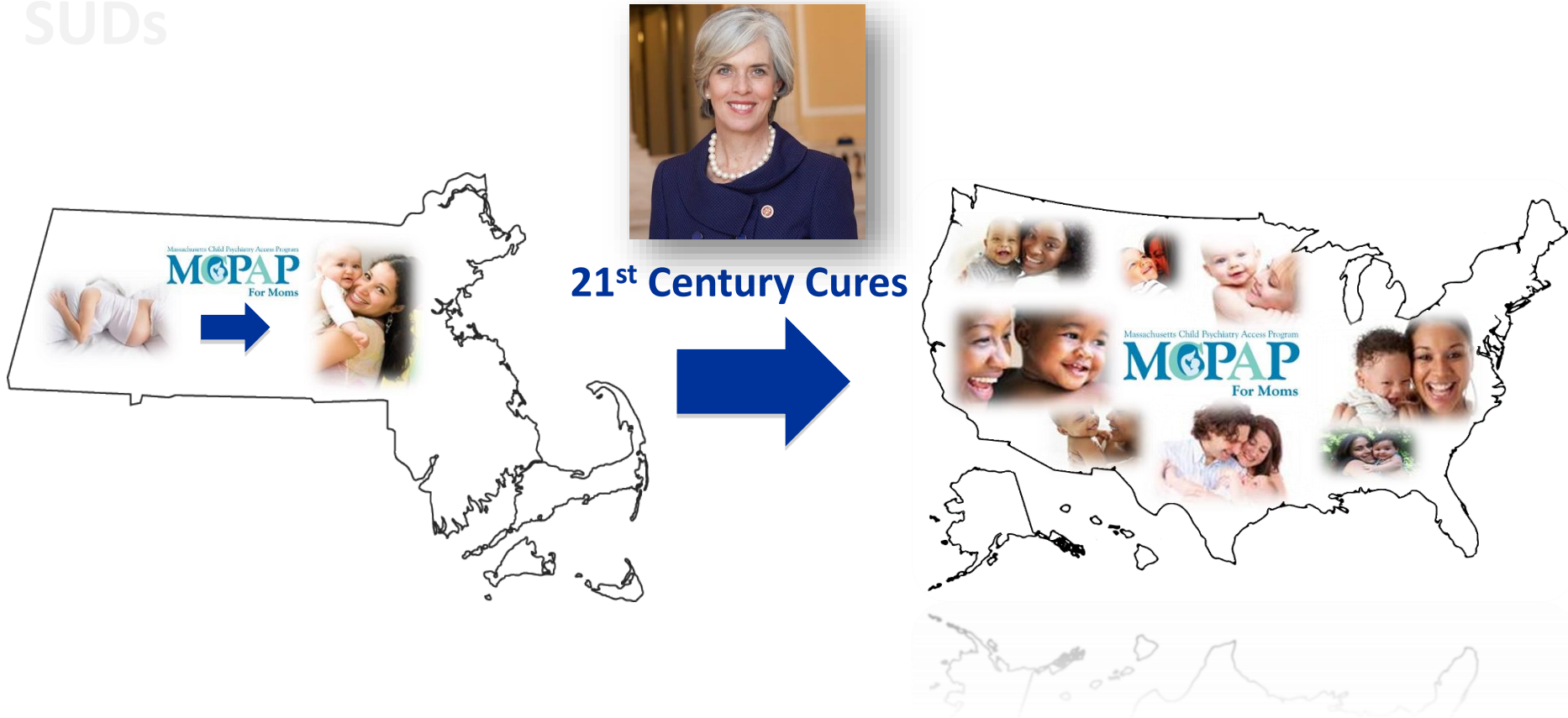


With MCPAP for Moms, all women across MA have access to treatment for treatment for mental health & substance use disorders



MCPAP for Moms can serve as model for other states in the US

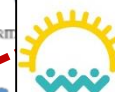
With MCPAP for Moms, all women across MA have access to treatment for treatment for mental health & SUDs



MCPAP for Moms has served as model for others states in the US



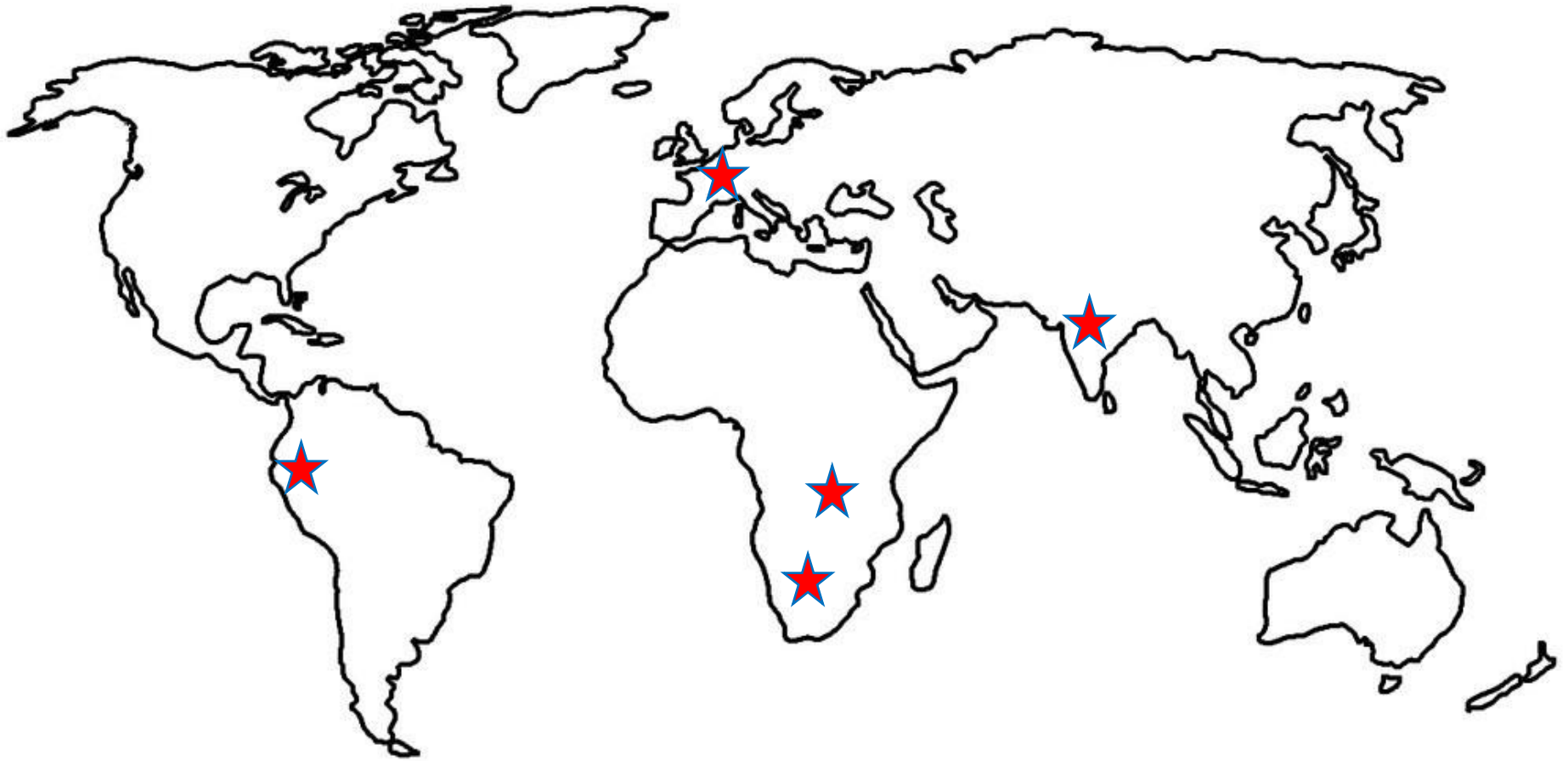
**Partnership Access
Line (PAL) For
Moms**
206-268-2924
[Click to learn more!](#)



Florida BH IMPACT
Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health



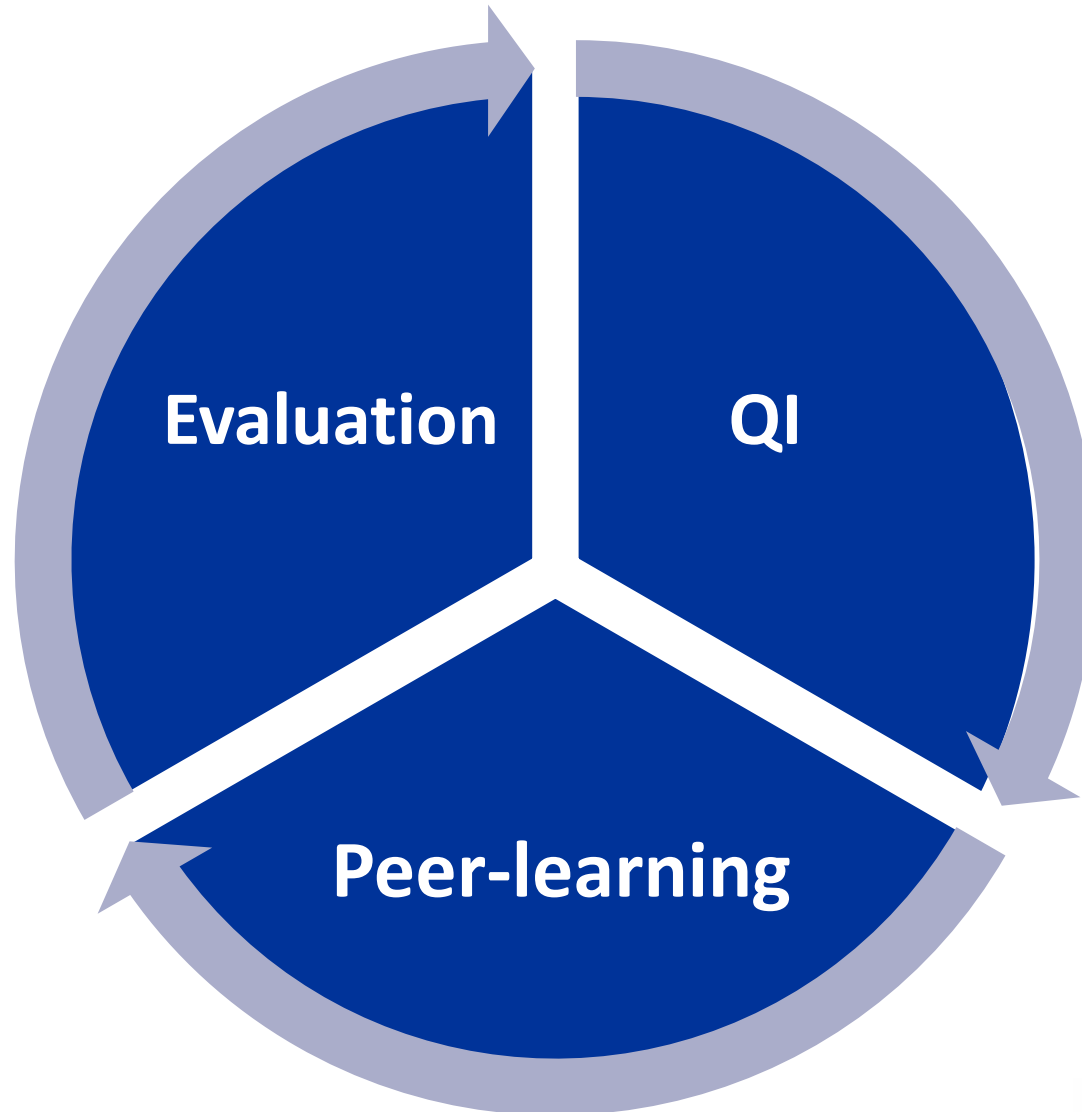
There is global interest in the model



The Lifeline4Moms Network aims to improve maternal & child health through Access Programs



The Network aims to unify programs in the pursuit of a common mission



The Network also helps aspiring program and brings stakeholders together



Partnership Access
Line (PAL) For
Moms
206-268-2924
[Click to learn more!](#)



The
Meadowlark
Initiative
HEALTHY PREGNANCIES
& SECURE FAMILIES



THE
PERISCOPE
PROJECT
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

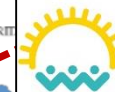
MC3M
Michigan Child Collaborative Care Program for Moms

VERMONT

Massachusetts Child Psychiatry Access Project
MCPAP
For Moms

MomsPRN
MATERNAL Psychiatry
Resource Network

nc pal Perinatal
Psychiatry



Florida BH IMPACT
Improving Maternal and
Pediatric Access, Care and
Treatment for Behavioral Health



LA MhPP
Louisiana Mental Health Perinatal Partners
Perinatal Mental Health Consultations for Providers
504-998-9171

HRSA

Health Resources & Services Administration

PERIGEE
fund

PSI



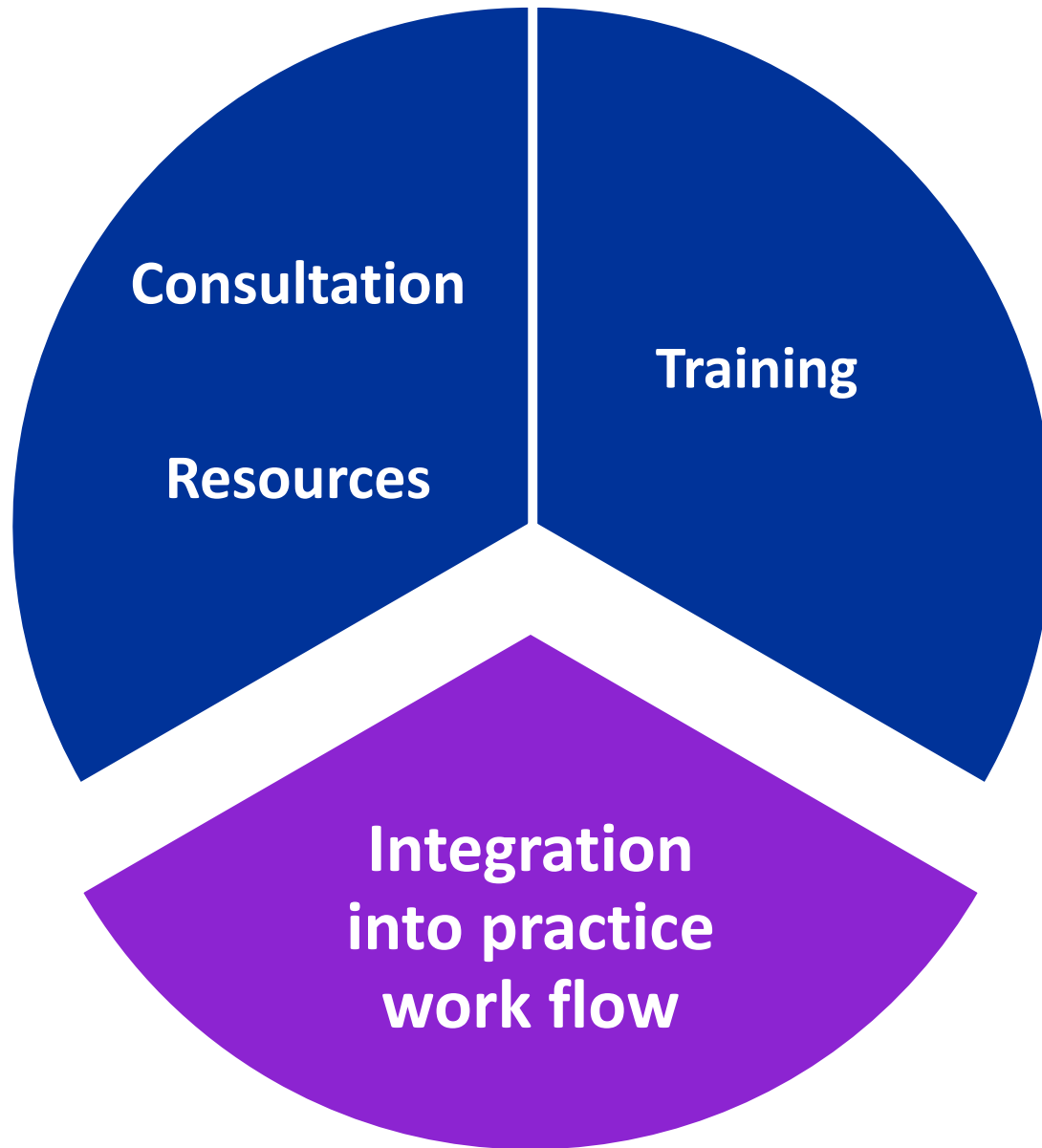
Dignity Health®



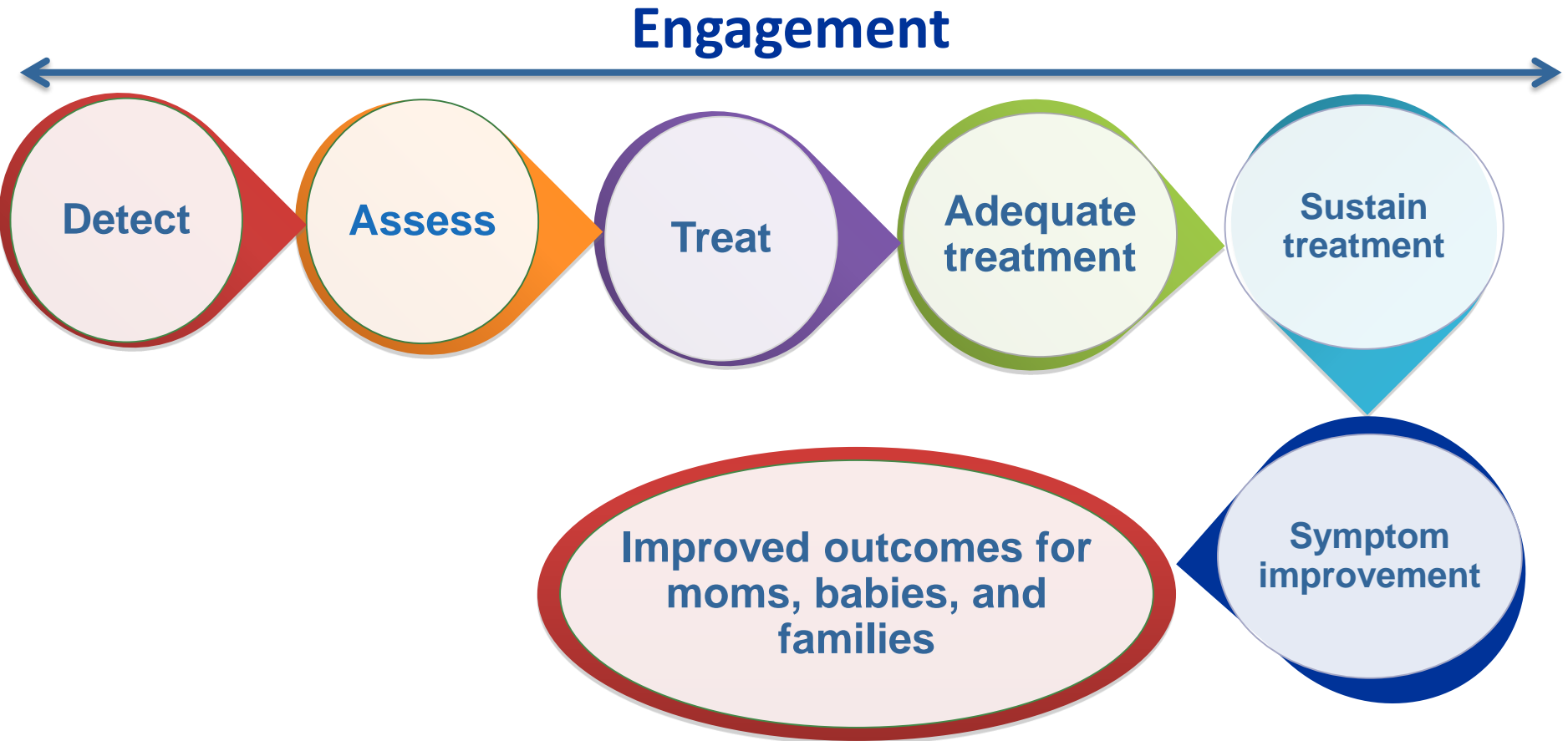
MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

MMHLA

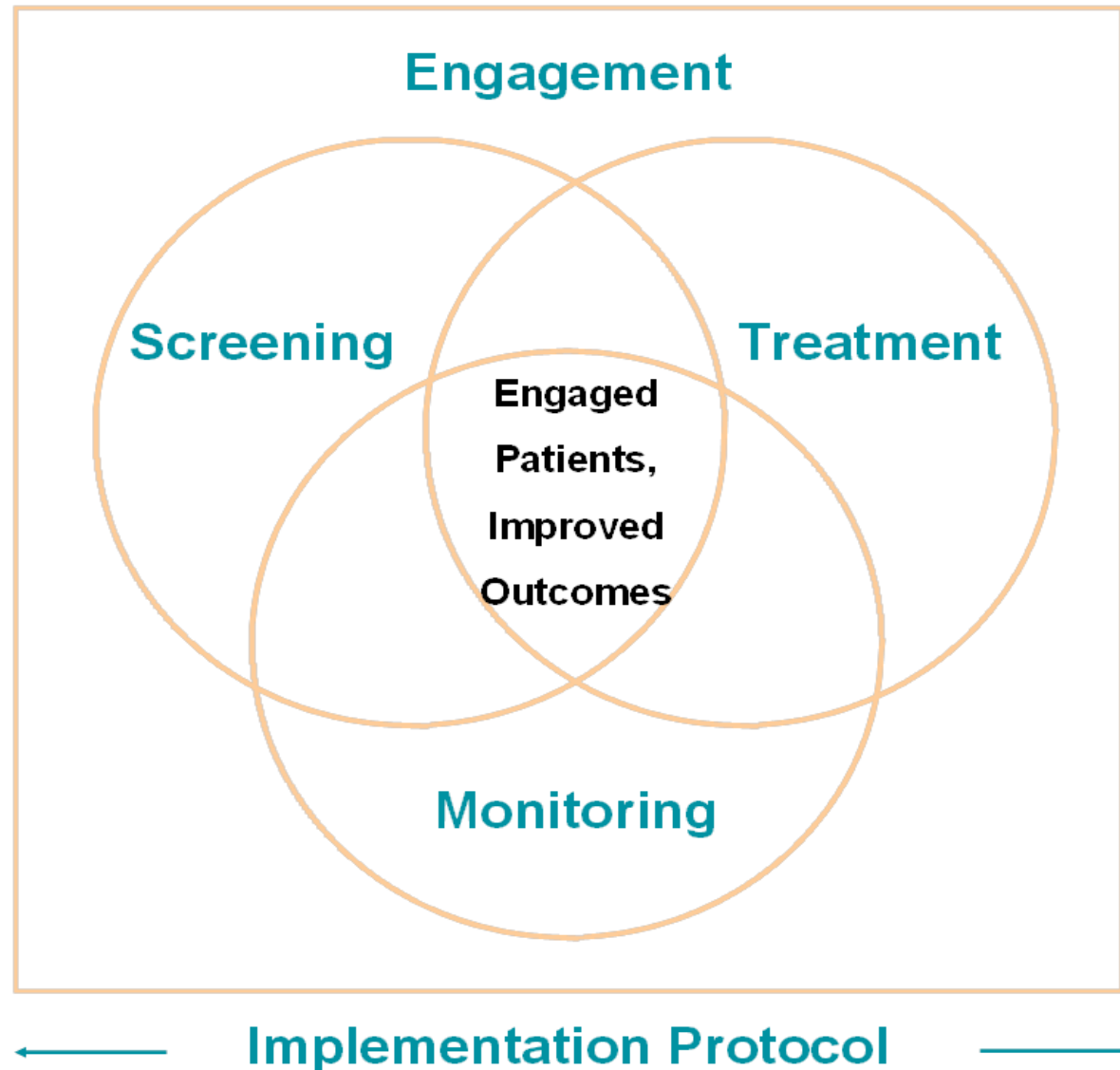
Maternal Mental Health
Leadership Alliance

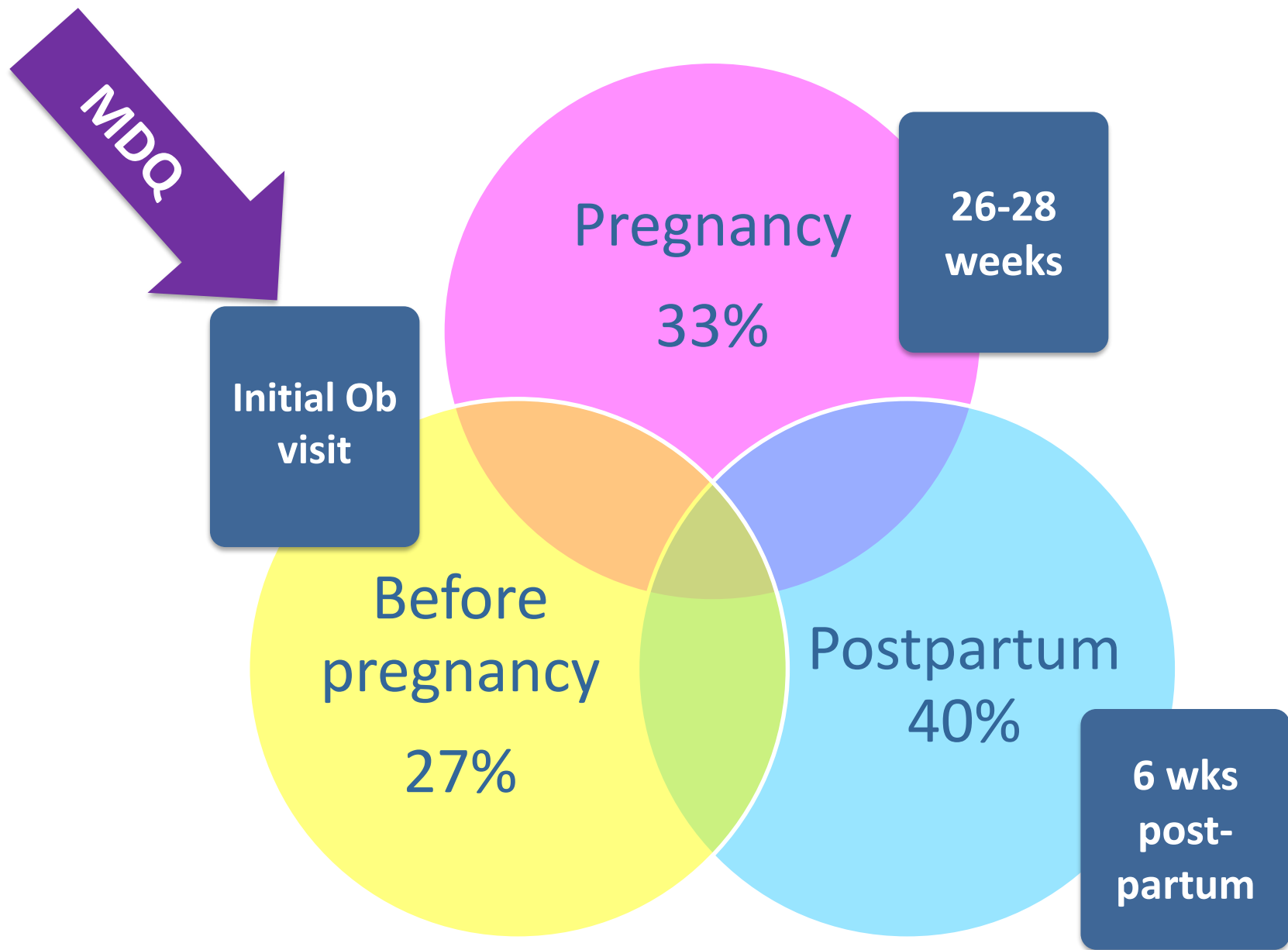


Proactive practice-level interventions are needed to fully integrate mental health care into ob care

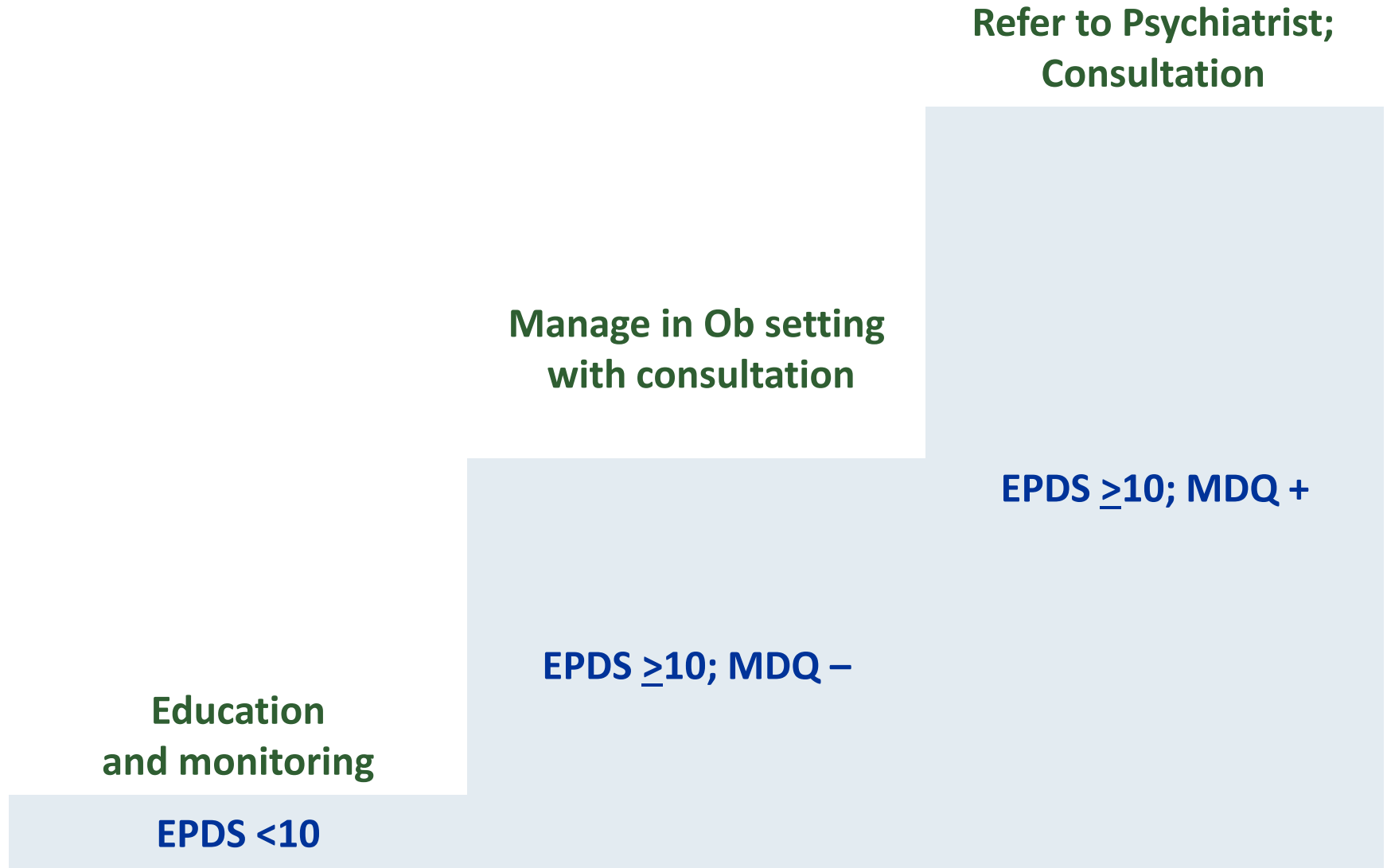


PRISM leverages existing resources to help practices integrate depression into obstetric care





Care can be stepped up as needed



CDC-funded PRISM Group RCT

Refine PRISM and the large group RCT protocol;
Conduct run-in phase (Phase 1)



Conduct Group RCT (Phase 2)

Randomize 10 Ob/Gyn clinics



5 clinics



PRISM



5 clinics



MCPAP for Moms alone



Random selection of perinatal patient study participants from clinic patient roster

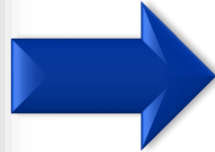


Follow patients longitudinally until 12 months postpartum and assess depression and
treatment participation

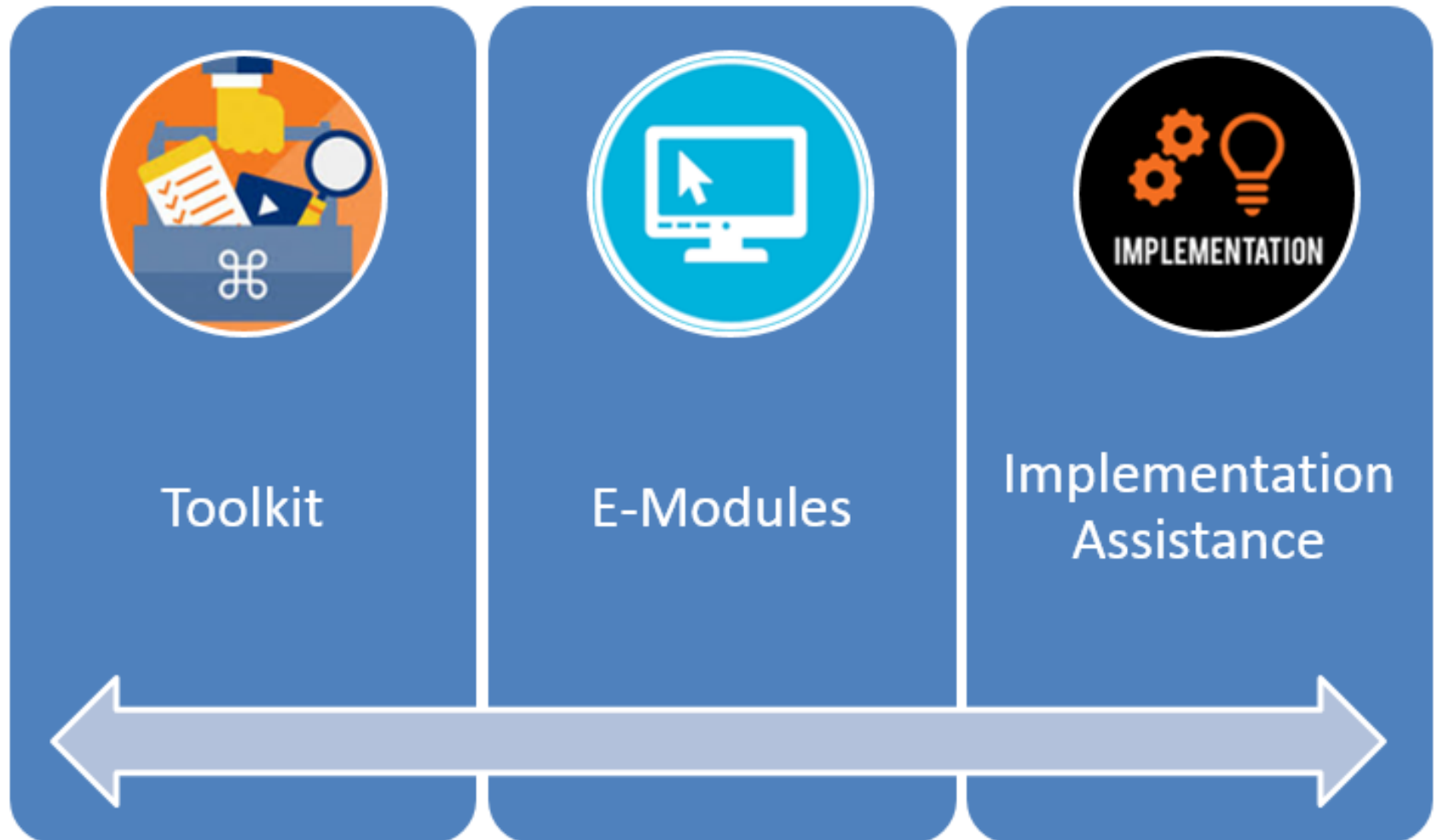


Dissemination to facilitate national uptake
(Phase 3)

Truly scalable approaches are still needed



Scalable training and tools are being developed and tested



NIMH-funded Group RCT

**Refine training, toolkit and implementation protocol;
Conduct run-in phase (Phase 1)**



Conduct Group RCT (Phase 2)
Randomize 25 Ob/Gyn clinics



10 practices



e-modules/toolkit, implementation



10 practices



e-modules/training



5 practices



usual care



Chart abstraction and provider surveys



**Asses the extent to which the addition and toolkit and lean implementation changes
provider practices**



**Dissemination with ACOG to facilitate national uptake
(Phase 3)**

Sustainable approaches to addressing perinatal mental health conditions are needed



**Need scalable
implementation
approaches**

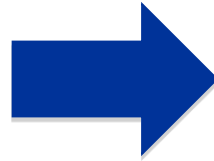
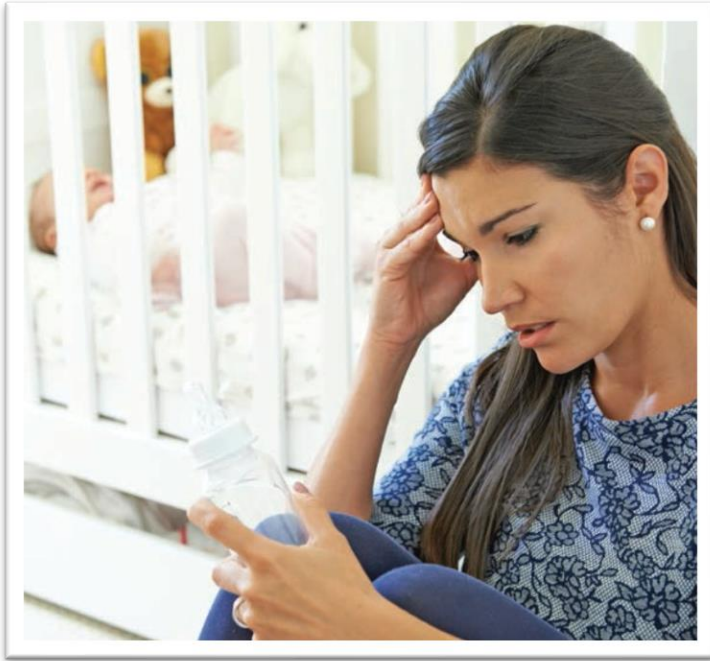


**No financial
incentive**



**Need
sustainable
approaches**

Integrating mental health care into obstetric care can be transformative for the women we serve



Led by professional societies and governmental organizations, expectations of obstetric care providers are changing

QUESTIONS?



Nancy.Byatt@umassmemorial.org

Thank you!